

Siting Data Collection Sheet

Facility Name _____

Date: _____

County _____

T __ N, R __ E, Sec. ____

Animal units _____

Housing: Type _____ Area _____ Dist. to Neighbor _____
(occupied area only)

Type _____ Area _____ Dist. to Neighbor _____

Bedding: Sand Straw Bedded Pack Other _____

Manure management: Scrape to storage Flush Daily to weekly haul Slatted floor

Storage: Type _____ Area* _____ Dist. to Neighbor _____

Feedlots: Paved Lot Area _____ Dist. to Neighbor _____

Unpaved Lot Area _____ Dist. to Neighbor _____

Direction of nearest neighbor N NE E SE S SW W NW

Density (number of neighbors within 1,300 feet) _____

Current odor control practices or credits (if any):

Housing: _____ Storage: _____ Lots: _____

* Measured at the surface of the waste when the facility is at its maximum operating level